



# CNMI DEPARTMENT OF LABOR



ADMINISTRATIVE  
HEARING OFFICE



1331 Ascencion Dr., PO Box 10007, Saipan MP, 96950 (670) 664-3291 hearing@dol.gov.mp labor.cnmi.gov

## HEARING ACCOMODATION REQUEST FORM

**Instructions:** If you have an impairment and would like to request an accommodation, please complete this form and submit to the Administrative Hearing Office. Requests should be submitted as soon as possible.

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

1. Requestor Name: \_\_\_\_\_
2. The accommodation is for the:  Party  Attorney  Witness  DOL/Enforcement
3. Please specify the impairment necessitating accommodations:
 

<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Vocal Impairment
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Mobility Impairment	<input type="checkbox"/> Medical Restriction
<input type="checkbox"/> Other: _____		

4. Please describe limitations and the accommodation needed. If you need additional space, you may attach a separate sheet.

5. Please indicate the date, time, location, and nature of the proceeding or occurrence in which the accommodation is needed.

*I certify that the information provided with this Request is true and complete under penalty of perjury.*

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date